



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

600 East Broad Street, Suite 1300

Richmond, VA 23219

July 21, 2008

### ADDENDUM No. 1 TO VENDORS:

**Reference Request for Proposal:** RFP 2008-05  
**Dated:** June 20, 2008  
**Due:** August 13, 2008

### See attached questions and responses related to the referenced RFP.

Note: A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,

*William D. Sydnor*

William D. Sydnor  
Contract Management Director

Name of Firm: \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

**RESPONSES TO OFFERORS QUESTIONS**  
**EQRO RFP**  
**RFP # 2008-05**

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
1	General	N/A	If possible, please indicate the total dollar value of the current contract and contract term in years.	The total value of the contract would have been \$1,747,634 for the initial term is July 1, 2006-June 30, 2009. However, by mutual agreement, the contract will end by the fall of 2008.
2	General	N/A	Will DMAS accept and reimburse travel costs based on the vendor's reasonable policies, or Federal Travel Regulations? If other travel regulations apply, where can those regulations be found?	DMAS recognizes the then current state travel regulations, which can be found at <a href="http://www.DOA.Virginia.Gov">www.DOA.Virginia.Gov</a> . Search for topic #20335. The travel costs should be included in the offerors cost proposal. The vendor would submit, as part of the monthly invoice, the travel costs.
3	General	N/A	The Period of Contract refers to an initial period of three years from award of contract with provisions for three twelve month extensions. Are the costs for each of the three additional extension periods to be provided in the Cost Proposal?	The tasks in the RFP have deliverables for the first three years, and as such, the offeror does not need to provide a cost proposal for the three 12 month extensions.
4	General	N/A	Can you please provide the names of the organizations that submitted bidder's questions?	No.
5	General	N/A	Does The Commonwealth have a budget for this contract?	That information cannot be shared with potential offerors.
6	Section II. Background and Definitions	6	Please identify the dental and transportation vendors. Are copies of their contracts with DMAS available for review as we prepare our response?	<p>The contracts are available, but due to the size, we are not able to attach copies here. CD(s) will be prepared and sent to all entities that submitted a letter of intent.</p> <p>The current dental vendor is Doral and the current transportation vendor is Logisticare.</p>

Question #	RFP Ref	RFP Page	Question	Response
7	Section III. RFP Objectives	9	Can an EQRO business partner be a non-QIO as long as the qualified vendor is a QIO?	<p>The intent is to have a QIO as the vendor who meets all of the mandatory requirements, either in solo <b>or</b> in combination with another QIO.</p> <p>If the Offeror meets all of the mandatory requirements in solo, the Commonwealth does not require the Offeror's business partner (if applicable) to be a QIO.</p> <p>In summary:</p> <ol style="list-style-type: none"> <li>1- If the offering QIO has a QIO business partner and all of the mandatory requirements are met in total, then this meets DMAS requirements.</li> <li>2- If the offering QIO meets all of the mandatory requirements itself, then it has met the requirement regardless of whether it has a business partner and regardless of whether the business partner is a QIO or not.</li> <li>3- If the offering QIO does not meet the mandatory requirements <b>and</b> chooses to have a non-QIO as its business partner, then the mandatory requirements are deemed as not met.</li> </ol>

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8	Section III. RFP Objectives	10	The RFP requires that the EQRO or its business partner be NCQA-certified as a CAHPS vendor and a HEDIS Compliance Auditor. A very limited number of QIOs qualify as a QIO <u>and</u> as a NCQA-certified CAHPS vendor and/or HEDIS compliance auditor. Are non-QIO business partners acceptable to perform these tasks?	<p>NCQA-certified vendor status is not a mandatory requirement. The requirement (for the Offering QIO or its <u>QIO</u> business partner) is clarified as follows (as reflected in the third to the last and second to the last bullets on page 10 of the RFP):</p> <p><b>CAHPS</b> – The QIO must be certified by the National Committee for Quality Assurance (NCQA) as a Consumer Assessment of Health Plans Survey (CAHPS) vendor or subcontractor <b><u>OR</u></b> has at least one completed CAHPS-related project in partnership with a certified NCQA CAHPS vendor or subcontractor</p> <p><b>HEDIS-</b> The QIO must be certified as an NCQA-HEDIS Compliance Auditor or Subcontractor <b><u>OR</u></b> has completed at least one HEDIS validation project in partnership with an NCQA-HEDIS Compliance Auditor or Subcontractor</p>
9	Section 8.1.1 Critical Elements of the Technical Proposal	36	The section states that the “Offeror must cross-reference its Technical proposal with each requirement listed in Section IV of this RFP.” Is the Commonwealth requesting a cross reference table and if so, please indicate in which section it should be included.	The Offeror can respond to this requirement with the best fit that is consistent with the style of its proposal.
10	Section 8.2 Binding of Proposal	36	Please confirm that the Commonwealth is requesting four separate CDs, as follows: (1) Technical Proposal (Word) (1) Cost Proposal (Excel) (1) Technical Proposal – Redacted (PDF) (1) Cost Proposal – Redacted (PDF)	DMAS does not need a redacted cost proposal. DMAS is requesting separate CDs for: (1) Technical Proposal (Word) (1) Cost Proposal (Excel) (1) Technical Proposal – Redacted (PDF)

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11	8.10.4 Chapter Six: Project Work Plan	43	It would appear that “Chapter Six” should be “Chapter Five.” Please confirm.	Yes, that is correct. Page 43, Section 8.10.4 Project Work Plan should be labeled as Chapter Five. There is no Chapter six.
12	Section 9.2 Evaluation Criteria	46- 47	<p>The evaluation criteria indicates that the contractor’s Small Business Utilization Plan is 20% of the total scoring. The Commonwealth also indicates that its goal is to award 40% of its contracts to SWAM businesses. Is there a target goal for this particular contract? How has the incumbent met these requirements?</p> <p>Can the contractor earn evaluation points if it can demonstrate that it has conducted due diligence and is unable to obtain the services of a qualified subcontractor that is SWAM-certified despite these efforts?</p>	There is no target goal for this solicitation. A contractor will only receive evaluation points for sub-contracting with certified Small Business Enterprises.
13	Section 11.11 and Section 9.2	Misc .	We understand the State’s goal of 40% of purchases be from small businesses (Section 11.11) and that 20% of the proposal evaluation and award criteria is based on the “SWAM Requirements” (Section 9.2). Is there a small business participation suggestion or requirement? If so, is it broken down by category of small, minority and/or women owned businesses?	See response to question #12.
14	Section 10.3.2	48	Section 10.3.2 references a section 9.3.1; Is 10.3.1 the correct reference, since there is no 9.3.1?	Yes. The first sentence in section 10.3.2 incorrectly references 9.3.1. The correct reference should be to section 10.3.1.
15	Section 10.8 Mandatory Use of State Form and Terms and Conditions	49	Please confirm that the mandatory “RFP Cover Sheet” mentioned in this section references the table on page 3 of offering letter.	Correct.

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16	R-Task A	12-13	As the entrance conference might not occur on exactly the 5 <sup>th</sup> days after the contract start date; is the AWP due date relative to the contract start or to the entrance conference?	<p>DMAS has opted to change the due date for this requirement as follows:</p> <p>The annual workplan is due by the 30th working day after the contract start date.</p> <p>The entrance conference should occur by the 10<sup>th</sup> working day after the contract start date.</p>
17	O-Task D	15	Mar 2009 through Jul 2010 is 17 months. Is the collaborative 17 months or should the collaborative end in June 2010?	The collaborative would begin in March 2009 and end in July 2010. This would equate to a 17 month collaborative.
18	R-F	17-21	Please clarify the deliverables for the annual updates. Are these repeats of the focus studies with updated data (prenatal) and additional sampling and medical record abstraction (well child)? Pricing would be MUCH different for the repeated focus studies vs. updates using measures calculated by the MCOs or State or some other substantially smaller scope.	<p>The contractor would be responsible for collecting, analyzing, synthesizing, and reporting the data. The intent is to enable policy and program planners to track and trend data over time to assist with strategic planning.</p> <p>For purposes of this RFP, the offeror should assume these are <u>repeat focused studies</u> with updated data and additional sampling and medical record abstraction. Further, the offeror should assume a level of effort and methodology that is similar to a usual and customary focused study. The output would be a stand-alone hard-copy and electronic version of the report that is suitable for use by internal and external planners.</p>
19	R-F	17-21	Please confirm that there is only one focus study for R-F occurring in 2011.	See response to question #18.
20	R-F ii.	19-20	The RFP lists 7 age groups for analysis and reporting. The HEDIS specifications for child and adolescent well visits use 3 age groups (15 months, 3-6 years, 12 – 21 years). How many different strata does the State require for sampling purposes?	The State has chosen to modify the HEDIS age groups for the focused study. We require the 7 age groups for this particular study.

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21	R-F ii.	19-20	Does the State expect statistically valid sample sizes stratified BY race? For example, stratification for five races BY seven age groups would result in 35 strata. Stratification by five races ACROSS 7 age groups would result in 7 strata for age and another 5 for race (12 total).	The intent is to produce two different analyses, one stratified by age and another one stratified by race. In other words, 12 total.
22	R-F iii.	20-21	Please clarify that the State requests statistically valid sample sizes for THREE strata.	Three strata are correct.
23	O-G	21-22	Please confirm that there is only one focus study for O-G occurring in 2010.	See response to question #18
24	R-Task J	24-25	Is the contractor expected to conduct on-site visits to one or more transportation brokers for either of the biennial reviews?	There is one transportation broker and the contractor should assume that the reviews would be onsite at one location. The location of the onsite review would most likely be in Norton, Virginia, which is where the current contractor retains most of its relevant resources (staff and policies and procedures) used for the reviews.
25	R-Task J	24-25	Please clarify that the Transportation report should include a one-page summary readable by laypersons AND a 2-3 page summary readable by policy and program planners.	The transportation report does need a 2-3 page summary readable by policy and program planners. The 2-3 page summary should be written at a level that is also appropriate for managers and relevant staff at DMAS and the transportation broker. A one-page summary is also needed in layman's terms for the general public.
26	R-Task K	25-28	Can the State confirm that the 1915(C) waiver review is to be part of the 2010 OSR Partial review? Please clarify if the 1915(C) waiver review should be included in the 2011 full OSR.	Both are confirmed.
27	R-Task L	28-29	Does the State expect the interviews to be in person? Can they be telephone interviews or a mailed survey?	The interviews should be done in person.

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28	R-Task L	28-29	Is there an expectation there will be a sample size sufficient to report statistically valid information, or is the intent of the interviews to provide anecdotal information? Approximately how many interviews does the State expect the contractor to complete?	May recommend a sufficient number of interviews for providers and participants (and caregivers) that would be appropriate for a <u>needs assessment</u> . See response to question #130.



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29	R-Task N.i	29-30	<p>A. Does DMAS expect that the Contractor should provide a Spanish translation to the CAHPS-like survey?</p> <p>B. Can you please clarify the specific programs (e.g. MEDALLION, FAMIS, etc) that are included in the population of the CAHPS-like survey? Will there be one Adult questionnaire and one Child questionnaire, or will there be unique versions by program (MEDALLION Adult, MEDALLION Child, Medallion II Adult, Medallion II Child, FFS Adult, FFS Child, etc.)?</p> <p>C. Does DMAS expect to require the inclusion of supplemental questions in the CAHPS and CAHPS-like surveys? If so, how many for Adult and how many for Child?</p>	<p>A. Yes, at this time, the CAHPS-like survey(s) would need to also be provided in Spanish. DMAS has set a standard of when five percent (5%) of the enrolled population is non-English speaking and speaks a common language, the communication will need to also translated in the common language. DMAS will work with the Contractor to determine the most efficient means for determining when a communication needs to be in a language other than English and Spanish.</p> <p>B. Enrollees who are not part of the population included in the CAHPS surveys administered by the MCOs would be included in the population for the CAHPS-like survey.</p> <p>There will not need to be different CAHPS-like surveys for each program. The CAHPS-like survey(s) should be designed and administered in a way that would enable some comparisons between the CAHPS responses and the CAHPS-like responses. We anticipate the MCOs will be administering both of the adult CAHPS surveys and both of the children's CAHPS surveys and would expect R-Task N.i. in the RFP to include the same.</p> <p>C. DMAS expects the CAHPS and CAHPS like surveys as follows:  - Child CAHPS and CAHPS for children with chronic conditions  - Adult CAHPS (no supplemental questions)</p>

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30	R-Task N.i	29-30	<p>A. Can you please confirm our understanding that the MCOs will provide the Contractor with the CAHPS data from their surveys to include in the final report that synthesizes data?</p> <p>B. If yes, will the NCQA member level and summary level data files from each of these surveys be provided to us – either directly from NCQA or from the certified CAHPS vendors?</p>	A&B) All of Virginia’s current Medicaid MCOs are NCQA accredited, and as such, the QIO can assume that they would receive a standard NCQA HEDIS data submission report, which provides survey attributes, composite scores and ratings. Assume the methodology would be for synthesizing the summary level data.
31	R-Task O	31-32	May the contractor request documents to be submitted by the PACE sites PRIOR to the on-site reviews?	Yes.
32	V, VI, VII	33-35	Should Offeror respond to Sections V, VI, and VII (pages 33-34) of the RFP? If so, where in the proposal outline, specified on pages 40-44, should the Offeror respond to these sections?	Yes. Include these responses under Chapter 3 in the proposal (“Tasks and Technical Approach”).
33	8.2 Binding of Proposal	36	Can Offeror use 10 pt font or 8 pt font in tables and with graphics rather than the specified 12 pt font?	For ease of readability, we request that the offerors only use 12 point font.
34	8.2 Binding of Proposal	36	<p>A. Can The Commonwealth of Virginia provide the Offerors an Excel version/file of Attachment D – Cost Proposal?</p> <p>B. If an Excel version is not required, can the Offeror submit the Cost Proposal in MS Word?</p>	<p>A. No</p> <p>B. Yes</p>
35	8.2 Binding of Proposal	36	What components of the Cost Proposal can be considered proprietary and confidential (therefore removed) for the redacted electronic copy of the Cost Proposal?	No portion of the Cost Proposal can be redacted.

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36	8.2 Binding of Proposal	36	Can The Commonwealth of Virginia redefine/clarify all Attachments. That is, page 36 references Attachment C as the Cost Proposal, yet Attachment D is actually the Cost Proposal. Also, the titles/headings of the Attachments in the Table of Contents do not correspond with the actual Attachment titles/headings. Finally, where is Attachment B?	<p>RFP Attachment A- managed care coverage map and characteristics (no change).</p> <p>RFP page 70- The cover sheet to introduce Attachment B was missing from the RFP. Page 70 of the RFP lists the enrollment counts (the title used in the RFP table of contents).</p> <p>RFP Attachment C – correctly labeled in the table of contents (no change).</p> <p>RFP Attachment D – Correctly labeled in table of contents. Incorrectly referenced as Attachment C on page 36 of the RFP. (Change: the Cost Proposal should be referenced as Attachment D).</p> <p>RFP Attachment E – correctly labeled in RFP table of contents (no change).</p> <p>RFP Attachment F – incorrectly labeled in RFP table of contents. Attachment F has the PACE site review requirements.</p> <p>RFP Attachment G – should not have been listed in the RFP. There was no attachment G in the RFP and there is no attachment G.</p>
37	8.2 Binding of Proposal	36	Can The Commonwealth of Virginia accept MS Word and MS Excel 2003 versions of must the Offeror save documents in a lower version?	2003 Versions are acceptable.
38	8.2 Binding of Proposal	36	If the Offeror does not need to submit a redacted copy of its proposal, how/where would The Commonwealth like the Offeror to indicate this? In the Transmittal Letter?	A statement to that affect can be placed in the Transmittal letter.
39	8.10.2, 1f	40-42	What does f. Major business services mean and/or constitute? Lines of business?	Lines of Business.

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40	8.10.3	42-43	According to the RFP, Tasks are listed in Section 4 and Requirements are in Section 3. Please clarify how the Offeror should set up Chapter Three. The use of Tasks and Requirements appears to be used interchangeably.	<p>Section III of the RFP outlines the requirements that must be met.</p> <p>Section IV of the RFP outlines the tasks. Section III outlines requirements.</p> <p>The offeror should adjust so that in Chapter three of the proposal, reference to Section III of the RFP should be in reference to requirements. Reference to Section IV of the RFP should be in reference to tasks.</p> <p>Tasks and requirements are not interchangeable.</p>
41	8.10.4	43	<p>Is a Ph.D. level statistician required for this contract or is a senior-level statistician acceptable?</p> <p>And, is a communications professional equivalent to a Technical Writer?</p>	<p>A Ph.D level statistician is required, however, the person may be a researched-based Ph.D. in lieu of a Ph.D. in statistics.</p> <p>So long as the staffing plan meets the needs outlined in the RFP, a communications professional can be equivalent to a technical writer.</p>
42	8.10.4 and 8.10.5	43-44	Section 8.10.4 is Chapter 4 and 8.10.5 is Chapter 6. Where is Chapter 5 or is Chapter 6 actually Chapter 5?	See response to question #11.
43	8.10.5	43-44	May subtasks for years 2 and 3 be omitted from a GANTT chart if they are identical (in respects other than dates) to the subtasks detailed for year 1?	The QIO is at liberty to decide the project plan style that they will use for this proposal in order to meet the requirements of the RFP.
44	9.1	45	Where are the Cost Proposal requirements described? The text above refers to Section 8, yet Section 8 does not specify any Cost Proposal requirements.	See RFP Attachment D.
45	10.9	49-50	Is the 6/10/2008 date a typo? Should it read 7/10/2008?	Yes.

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46	11.20	65	Must the bidder or Offeror register with eVA or is it that only the <u>winning</u> contractor/vendor needs to register? Please explain the difference between the eVA requirements stated on page 55 and page 65. Also, is the fee for Basic and Premium Vendor Registration the same?	Yes, page 55 describes registration and page 65 describes Contracts and Orders. The registration fee is the same for Basic and Premium.
47	Deliverable Matrix	Misc .	Please define “survey” – is this referring to mailing costs of CAHPS surveys (sub part of R-N)? Interviews? An example would be helpful.	Survey as it relates to specific tasks throughout the RFP.
48	Deliverable Matrix	33	What quantity should be assumed in order to include a cost per fiscal year as required in the Deliverable Matrix?	Re-read the italicized note on page 33.
49	Deliverable Matrix	Misc .	Should costs be separated for each of the two bulleted deliverables for Tasks R-A, R-B, O-C, and O-D?	Yes.
50	General	Misc .	What is the estimated value of this contract?	See response to question #5.
51	General	Misc .	What is the value of the current contract?	See response to question #1.
52	General	Misc .	Who is the current vendor?	Michigan Peer Review Organization (MPRO).
53	Last bullet	10	For the requests for in-person meetings, is it possible to handle some requests by teleconference or videoconferencing, and others by in-person meetings with sufficient notice?	Yes.
54	R-Task E	14 and 17	Is the technical consulting for PIPs noted on page 17 included as part of the 350 hours of education and communication noted on page 14?	No. The two are separate.
55	O-Task D	15	For the pilot collaborative PIP, will each MCO submit their own pilot collaborative PIP documents?	Yes.

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56	O-Task D	16	Will the EQRO produce plan-specific PIP validation reports for the pilot collaborative in addition to the pilot collaborative evaluation report that is due on November 1, 2010?	Yes, these are two separate reports. The PIPs validation reports are required annually, regardless of whether there is a collaborative or not. The pilot collaborative evaluation report is not the same as the PIPs validation. The primary intent of the collaborative evaluation would be to determine if the learning collaborative model is effective and if it should be repeated for another topic in the future.
57	R-Task E	16	Will the MCOs be provided an opportunity to resubmit revised PIP materials after the EQRO's initial review before the final score determination is made?	Yes.
58	R-Task E	16	What are the current PIP topics that the MCOs are submitting for annual review and evaluation?	Childhood immunizations and Well-child visits.
59	R-Task E	16	Currently, when are the PIPs submitted for review and evaluation?	This years PIPs are due to DMAS in July 2008.
60	Task Fi.	17-18	Are the member enrollment and eligibility data necessary to identify the various programs specified in this task contained in a single or in multiple datasets?	This data is currently provided as a single file, with unique recipient records having multiple occurrences of eligibility and enrollment data within each record. However, the State can accommodate other formats and will work with the vendor to mutually define the best format in which to provide this data.
61	Task F.	17-21	Which HEDIS measures were collected and reported during the 2008 HEDIS season and are available for contractors to use in conducting the requested focused studies?	Since all of the MCOs are NCQA accredited, HEDIS technical specifications were followed by all of the MCOs for 2008 HEDIS to meet the NCQA reporting requirements. If the contractor has a subscription to Quality Compass, they would have access to the scores.

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62	Task Fi.	18	Can DMAS provide additional clarification on the type of qualitative information expected for this task?	No, we would expect the QIO to recommend the type of qualitative information that could be used to add value to the focused study. The CMS document on recommended protocols for focused studies also provides examples of qualitative information.
63	Task Fi.	19	Is race/ethnicity data currently available in the DMAS member and encounter files?	Yes.
64	Task Fi.	19	Will the annual update for this focused study have the same reporting requirements as the final report due in the first contract year? Will additional analysis (e.g., trending, statistical testing, etc.) be required in subsequent annual updates?	See response to question #18.
65	Task Fi.	19	Please confirm that the first remeasurement of the Birth Outcomes baseline focused study is due June 30, 2010, and that the second remeasurement is due June 30, 2011.	See response to question #18.
66	Task Fii.	20	The HEDIS 2008 Technical Specifications contain two measures relevant to asthma management (i.e., <i>Appropriate Treatment for Children with Upper Respiratory Infection</i> and <i>Use of Appropriate Medications for People with Asthma</i> ); does DMAS have a preference as to which measure is used for this focused study?	DMAS would expect Use of Appropriate Medications for People with Asthma to be the measure used for this study.
67	Task Fii	20	Will the annual update for this focused study have the same reporting requirements as the final report due in the first contract year? Will additional analysis (e.g., trending, statistical testing, etc.) be required in subsequent annual updates?	See response to question #18.
68	Task Fii	20	The contractor understands that the final results of the baseline well-child focused study are due to DMAS November 15, 2009. Does DMAS expect a remeasurement of the baseline study over the next contract year in order to produce the November 15, 2010 annual update?	See response to question #18.

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69	Task Fii	20	If DMAS expects a remeasurement of the baseline well-child study, is the only annual update due November 15, 2010?	See response to question #18.
70	Tasks Fii and Fiii.	20-21	For the two focused studies that require medical record review (i.e., R-F-ii and R-F-iii), will the EQRO be responsible for procuring the medical records directly from the providers? If “yes,” for members enrolled in MCOs, will the MCOs be available to assist in procuring medical records from the providers?	Records that are needed for members enrolled in MCOs have been requested by the MCOs in the past, and could be requested by the MCO.  The QIO is responsible for obtaining the medical records from providers of fee-for-service members who are not enrolled in an MCO.
71	Tasks Fii and Fiii	20-21	Is the contractor able to offer incentives to providers for the costs associated with the procurement and submission of medical records?	No. However, the contractor may pay the cost to providers for reproduction of the medical records, which should be reflected in the offeror’s cost proposal.
72	Tasks Fii and Fiii	20-21	Will the selected sample for the medical record review be stratified by program, topic (e.g., age-related criteria for immunization, well-child visits, PCP visits, or asthma condition), delivery system, race, or any combination of the above? In other words, is the state interested in conducting statistical comparisons among subgroups?	For the tasks specified (Fii & Fiii), the selected samples are to be stratified by subgroups of program and delivery system (3 programs and 3 delivery systems for a total of 9 strata). The State is interested in statistical comparisons among these subgroups within each study.
73	Task Fiii	21	Should the results be stratified by delivery system (MCO, PCCM, and FFS)?	Yes.
74	Task Fiii	21	Considering the time frames related to program implementation, claim processing process, and medical record procurement relative to the report due date (July 30, 2011), will the results for VALTC population be limited to those in Tidewater area (implementation scheduled in February 2009) and not the Richmond area (implementation scheduled in December 2009)?	Yes.



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75	Task Fiii.	21	Please clarify whether the intent of this focused study is to generate baseline results or conduct both a baseline and remeasurement study. While the <i>Methodology</i> section infers a single point in time evaluation, the <i>Study Question</i> infers the evaluation of the effectiveness of an intervention (e.g. management of blood pressure and cholesterol).	The intent of the focused study is to generate a baseline and identify opportunities for improvement. The Study Question would be revised prior to the onset of the Focused Study.
76	Task Fiii.	21	Please confirm that only one report is required for this focused study, and that the report is due July 30, 2011. Also, please confirm that no annual update is required.	Confirmed.
77	Task G	22	Please clarify whether the intent of this focused study is to generate baseline results or conduct both a baseline and remeasurement study. While the <i>Methodology</i> section infers a single point in time evaluation, the <i>Study Question</i> infers the evaluation of the effectiveness of an intervention.	The intent of the focused study is to generate a baseline and identify opportunities for improvement. The Study Question would be revised prior to the onset of the Focused Study.
78	Task G	22	Please confirm that only one report is required for this focused study and is due on June 15, 2010. Also, please confirm that no annual update is required.	Confirmed.
79	Task G	22	What kind of sub-populations does DMAS have in mind for this analysis (e.g., age, ethnicity)?	Age, race/ethnicity.
80	Misc.	Page 22	How many MCOs will be required to undergo the Validation of Performance Measures?	Five.
81	Misc.	Page 22	Will the EQRO be required to perform a retrospective audit on rates already submitted to DMAS or a concurrent audit where rates will be submitted to DMAS at the end of the validation process?	Review of the CMS recommended protocol for validating performance measures suggests a retrospective review.
82	Misc.	Page 22	Do any of the MCOs use certified HEDIS software for reporting rates?	All current Virginia MCOs are using certified HEDIS reporting software.

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
83	Misc.	Page 22, 7	How will MCOs submit data to DMAS (i.e., Excel file developed by DMAS, etc)?	The State will work with the EQRO and the MCOs to identify a mutually agreeable (consistent) format for the submission of this data.
84	Misc.	Page 23, 7	Does DMAS have a preferred template for the worksheets and the SWOT analysis, or will the EQRO be able to create its own template?	The EQRO would be able to create its own template.
85	Task I.	23	Under “Task” the RFP language refers to a “biannually” and a “biennial” dental review. Is the review to be conducted every two years, with reports due on October 15, 2009 and April 30, 2011?	Yes.
86	Task J	24	Based on same question as above (#35), is the assessment of the transportation services vendor to be conducted every two years, with reports due October 15, 2009, and June 15, 2011.	Yes.
87	Task K	25	Since the number of MCOs can change at any time, on what should we base the pricing for this task?	Five MCOs. If DMAS changes this number, the pricing in the contract may warrant a modification.
88	Pages 29-31		For both R-Task N.i and N.ii, what are the anticipated survey languages? NCQA approved languages for CAHPS include English and Spanish.	English and Spanish.
89	R-Task N.i	29	Comprehensive Assessment and Report on Consumer Satisfaction: What populations—i.e., adult Medicaid members, child Medicaid members, and/or Child Medicaid members with chronic medical conditions (CCC)—will be surveyed as part of the CAHPS-like survey process in CY2010	See responses to question #29.
90	R-Task N.i	29	Comprehensive Assessment and Report on Consumer Satisfaction: Will FFS and SCHIP be the only programs that will be surveyed as part of the CAHPS-like survey process in CY2010?	See responses to question #29.

Question #	RFP Ref	RFP Page	Question	Response
91	R-Task N.i	30	Comprehensive Assessment and Report on Consumer Satisfaction: When will the EQRO receive member-level CAHPS data from the MCOs to facilitate the analysis and reporting requirements described on page 30 of the RFP?	DMAS generally receives this data in July and August.
92	R-Task N.ii	30	Modified Consumer Satisfaction Assessment: In the past, has an EQRO or other entity performed a “Modified Consumer Satisfaction Assessment” on behalf of DMAS? If “yes,” what was the approximate length of the survey instrument? What CAHPS domain did the survey focus on?	No.
93	R-Task N.ii	30	Modified Consumer Satisfaction Assessment: Will the “Modified Consumer Satisfaction Assessment” consist of a single survey instrument used to evaluate all reporting units (i.e., MCOs, FFS, and SCHIP) and allow for comparisons between the reporting units, or will a separate survey instrument be developed for each reporting unit (e.g., one survey focusing on Getting Needed Care for FFS but a separate survey focusing on How Well Doctors Communicate for SCHIP)?	A single survey instrument can be used.
94	Task P. Analysis and Reporting	33	Is the “expert reviewer” a physician <b>only</b> or an expert in their field such as physical therapist for physical therapy treatment request determinations?	Physician.
95	Task P. Analysis and Reporting	33	If the expert reviewer is a physician, do you require that they be licensed in the state of Virginia?	VA license is preferred, however, DMAS recognizes the need to have unbiased reviewers and could make exceptions to cases requiring certain specialists.
96	Task P. Analysis and Reporting	33	We consider an expert reviewer as a physician board certified in the particular specialty of the services/procedures being appealed. Is that the intent of the language in the RFP?	Yes.

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
97	Task P. Analysis and Reporting	33	The RFP states, “The expert reviewer must be available to testify as an expert witness.” Since many of our reviewers work anonymously, if a reviewer is unavailable or does not want to disclose their identity, may we substitute the Medical Director or another reviewer?	DMAS prefers that the reviewer would be available to testify, however, DMAS recognizes that depending upon the circumstance of a particular case, there may be other options available.
98	Task P. Deliverables	33	The RFP states “45 days” as the time frame conducting regular reviews.and “48 hours” for expedited. Does this mean calendar days or business days?	Calendar days.
99	Task P. Deliverables	33	If records are incomplete, will the review be pended as well as the 45-day clocked stopped or will there not be the ability to obtain more and/or complete information?	The process must be completed in 45 days. There is no stopping of the clock. If all information is not provided then a decision is rendered based on the information.
100	Task P. Deliverables	33	If there is the ability to complete the information that is missing, who will procure this information?	The contractor.
101	Task P. Deliverables	33	Will all the documentation/information, i.e., “information necessary to conduct the review,” come to the contractor from the Director? Or, will the contractor be responsible for gathering any/all information needed to make a determination?	The contractor handles the collection process once notified by the Department.
102	Task V	33	Will the project start-up period meeting require an on-site visit?	Yes.

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
103	Task V	33	What is the approximate size and number of files associated with the enrollment, administrative, and claims/encounter data to be transferred to the contractor?	<p>Currently, the State provides the following files to the EQRO contractor on an annual basis:</p> <ul style="list-style-type: none"> <li>▪ A Member files containing demographic data, enrollment, and eligibility. Approximately 770,000 currently active members.</li> <li>▪ A Provider files containing demographic (contact) data. Approximately 97,000 currently active providers.</li> <li>▪ Two claim files and two encounter files as follows: <ul style="list-style-type: none"> <li>▪ Pharmacy claims ~ 6.5 million per year.</li> <li>▪ Pharmacy encounters ~ 4.0 million per year.</li> <li>▪ Practitioner claims ~ 5.3 million per year.</li> <li>▪ Practitioner encounters ~ 5.3 million per year.</li> </ul> </li> </ul> <p>The State can accommodate other formats and/or selection criteria, and will work with the vendor to mutually define the best format in which to provide this data.</p>
104	Task V	33	Are there file formats and data layouts available for review?	No. The State will work with the new contractor to define the best layout/ format for each of the data extracts. The layout/ format will be dependent to some degree on the functionality offered by the contractor.
105	Task V	33	Will DMAS' or the contractor's secure FTP site be used to transmit data files?	Currently, the data files are encrypted and sent on DVDs via FedEx. However, the State is willing to explore alternate means of transmission, including using the contractor's secure FTP site if available.
106		43	Under the heading, "Technical Proposal," there is a Chapter 4 (Staffing) and a Chapter 6 (Project Work Plan), but no Chapter 5. In our response, should Chapter 6 be renumbered (making it Chapter 5) or should Chapter 5 be left out and the numbering remain the same?	See response to question #11.

Question #	RFP Ref	RFP Page	Question	Response										
107	Attachment D	75	The schedules included in the RFP appear to be for total cost per task. Do you require a specific format for the detail schedules showing number, type, and estimated percent of each FTE for each task per year with total cost for combined FTEs for each task, etc.?	No.										
108	Task L.	28	What is the anticipated number of participants in the VALTC program at program inception and after one year of implementation?	<p>14,106 in the first year and 17,081 after one year for the Tidewater region.</p> <table> <tr> <th>As of 2/1/08</th><th>Full Dual</th><th>Dual With EDCD</th><th>EDCD Only</th><th>Total</th></tr> <tr> <td>Tidewater</td><td>12,003</td><td>1,732</td><td>371</td><td>14,106</td></tr> </table>	As of 2/1/08	Full Dual	Dual With EDCD	EDCD Only	Total	Tidewater	12,003	1,732	371	14,106
As of 2/1/08	Full Dual	Dual With EDCD	EDCD Only	Total										
Tidewater	12,003	1,732	371	14,106										
109	Task L.	28	What is the anticipated number of providers that that will serve VALTC participants?	We are estimating approximately 8,500 providers in the initial implementation for the Tidewater region. DMAS anticipates that at least 90% of the VALTC providers will also be Medallion II providers. New providers are for long-term care services.										
110	Task L.	28	In lieu of interviews, can provider and participant surveys be utilized to measure participant and provider experiences with the program?	No.										
111	Task F.ii	19	For timeline purposes, may the contractor initiate a task during one contract year in order to provide the final deliverable, which is due in a different contract year? For example, the Well Child focused study deliverable is due just after the beginning of contract year two (11-15-2009), however, data collection for this project will take place during contract year one.	Yes.										

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
112	Task E.	16	The RFP states that the EQRO will annually validate two quality measures. Increasing childhood immunization rates was identified as one of the PIPs and would be integrated into the collaborative referenced in Task E. At this time, Task E is indicated as an optional activity. Does DMAS anticipate that a collaborative PIP will be included in this contract?	<p>PIPs validation is a CMS mandated external quality review activity. Therefore, DMAS deems the PIPs validation as a required and certain task (regardless of whether Task E is implemented or not).</p> <p>The collaborative, for purposes of this RFP, is not certain at this time. In addition, it is not a mandated activity per CMS. At this time, DMAS does not anticipate the collaborative would be included in this contract.</p>
113	V., VI., and VII.	33-34	It is unclear if the vendor is to provide a response to these three items, which follow the tasks. Does DMAS want the vendor to provide responses to these items in Chapter 3 of the proposal? If not here, then where should the vendor provide their response?	Yes.
114	8.10.4 Chapter Four -Staffing	43	Does the PhD level statistician identified as key staff require a specific PhD in Statistics, or will a research-based degree be sufficient?	See response to question #41.
115	Section O-D. Facilitate and Manage Medicaid MCO Collaborative	16	Does DMAS have specific items that they would like to see included in the toolkit for the collaborative?	No.
116	Methodology, Section R- Task I – Assess Dental Services Vendor	24	What is the expectation for the review of claims submission and processing? Is this just a policy review or will the review include a review of claims processing systems, including rejected claims, completeness and accuracy?	The Dental Assessment should include a review of the policy and procedures (P&P) and evidence of operational compliance with the P&P.

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
117	Methodology, Section R- Task I – Assess Dental Services Vendor –	24	Will DMAS require the contractor to conduct a file review of a sample of the complaints/grievances, appeals and denials? If a file review is included what is the expectation for the sample size for the review?	A file review of the complaints / grievances is not required.
118	Analysis and Reporting, Section R- Task I – Assess Dental Services Vendor	24	Will the contractor have access to the prior report and corrective actions to meet the requirement: 5) an assessment on the degree to which the DBA addressed recommendations from the previous reviews and action taken to improve upon the unmet and partially met elements from the last report?	Yes.
119	Analysis and Reporting, Section R- Task I – Assess Dental Services Vendor	24	When was the last review of the Dental Services Vendor conducted?	A full review was completed in June 2007. Beginning in June 2008, there is a review being conducted by the current EQRO of those elements of the 2007 review that were deemed as needing improvement.
120	Methodology, Section R- Task J. Assess Transportation Services Vendor	25	Bullet #6 – Review of trip approval and denial practices – Will this review require a review of a sample of actual trip denials?	No – review of policy and procedures only.
121	Section R- Task J. Assess Transportation Services Vendor – Analysis and Reporting	25	Will the contractor have access to the prior report and corrective actions to meet the requirement: 5) an assessment on the degree to which the Broker addressed recommendations from the previous reviews?	Yes.



<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
122	Section R- Task J. Assess Transportation Services Vendor – Analysis and Reporting	25	When was the last review of the Transportation Services Vendor conducted?	June 2007.  The EQRO is currently conducting a re-review of the elements that were deemed as needing improvement.
123	Section R- Task J. Assess Transportation Services Vendor	25	Please confirm that this is an on-site review? Please also identify the location of the Transportation Services Vendor?	See response to question #24.
124	Section – R- Task K.i. MCO Operational Systems Review – Purpose	26	The EQRO shall determine if the service planning policies and procedures are being followed by the MCO. The EQRO shall accomplish this through review of a sample of medical records with a validation tool while on-site for the OSR. How is the sample currently selected for the medical record review? What is the current sample size for the medical record review?	K.i. is a new Task. The medical record review is specific to the VALTC program with regards to the service planning policies and procedures. The methodology and sample size would need to be developed by the QIO. The QIO could rely on the MCO to collect the necessary medical records.
125	Section – R- Task K.i. MCO Operational Systems Review – Deliverables	27	For the modified OSR the RFP states that the memos will be due in February 2009. If there is a delay in contract award or transition of contractors there may be very little time to accomplish the on-site modified reviews and provide the memo's by February 2009. Is there flexibility in this deliverable date to allow for this type of delay?	Yes.
126	Section – R- Task Kii. MCO Operational Systems Review –Task	27	Will DMAS expect the contractor to complete a review of the most current NCQA Medicaid Managed Care Tool Kit Standards Crosswalk against the MCO contract for the NCQA accredited plans prior to the comprehensive review?	Yes.

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
127	Section – R-Task Kii. MCO Operational Systems Review –Task	27	The RFP referred to Attachment G – current list of the duplicative activities, however there was no Attachment G in the RFP. Can DMAS provide a copy of Attachment G?	This was an oversight by DMAS. Offerors should access the most up-to-date NCQA-CMS cross-walk document on the NCQA website.
128	Section – R-Task Kii. MCO Operational Systems Review – Correspondence	28	The contractor shall provide training and ongoing communications to the MCOs and DMAS on the process, timeline, and expectations to enable the OSR process is methodical, efficient, and effective. Is the expectation for this training session on-site with the MCOs and DMAS or can it be conducted through a webinar or teleconference call?	A variety of methods can be used.

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
129	Section R – Task L Conduct a Needs Assessment for Virginia Acute and Long Term Care Program – Methodology	28	The RFP states that the EQRO shall assess the MCO/DMAS’ processes and participant outcomes of the VALTC, and will make recommendations on the clinical and administrative priority areas that need improvement in order to improve enrollee experience and outcomes. What type of outcomes is DMAS focusing on for this population?	<p>VALTC Mission is:</p> <p>To improve the quality of life of Virginia’s Medicaid-enrolled seniors and adults with disabilities by empowering them to remain independent and reside in the setting of their choice for as long as possible through the provision of a streamlined primary, acute, and long-term care service delivery system that offers ongoing access to quality health and long-term care services, care coordination, and referrals to appropriate community resources.</p> <p>DMAS hopes to work in partnership with the QIO, as part of the needs assessment, to determine a short list of well-defined outcome measures for VALTC.</p> <p>Target outcomes may include:</p> <ul style="list-style-type: none"> <li>• Supporting people to remain in the community for as long as possible;</li> <li>• Reduction in unnecessary nursing facility admissions;</li> <li>• Streamlined service delivery;</li> <li>• Effective use of care coordination; and</li> <li>• Participant and caregiver satisfaction.</li> </ul>

Question #	RFP Ref	RFP Page	Question	Response
130	Section R – Task L Conduct a Needs Assessment for Virginia Acute and Long Term Care Program – Methodology	28	The contractor will be responsible for conducting interviews with a sample of participants and a sample of providers. Will the participant and provider interviews be conducted face to face, or by telephone? What are the expectations for the sample size for the participant and provider interviews?	Face-to-face. DMAS would not expect a statistically valid sample of interviews since this is not a study. However, DMAS would expect the QIO to recommend a sufficient number of interviews for providers and participants that would be appropriate for a <b>needs assessment</b> .  DMAS would expect something similar, for example, to professionally facilitated focus groups or (one-on-one) interviews with approximately 10-15 providers, 10-15 participants and 10-15 caregivers.
131	Section R – Task M. Produce EQR Technical Report	29	Please confirm that the information gathered by the contractor for the MCO and non-MCO tasks in the ATR will be included in the EQR Technical Report: MEDIALLION, MEDALLION II, FAMIS, PACE, VALTC, FFS, Dental Services and Transportation Services?	Yes, confirmed.
132	Attachment D – Cost Proposal	Misc .	The cost proposal worksheets do not include Task M – Produce EQR Technical Report? Was this an oversight and if not where should the contractor include the cost of producing the EQR Technical Report?	This was an oversight. DMAS has added a row to the matrix for each year to include Task M. It is included in the modification provided by Mr. Sydnor.
133	Section III, RFP Objectives, bullet 12:	10	“Certified as an NCQA-HEDIS Compliance Auditor or subcontractor or has completed at least one HEDIS validation project in partnership with an NCQA-HEDIS Compliance Auditor or subcontractor.”  Does DMAS require that the offeror or its partner be a licensed HEDIS audit firm or that the validation project be conducted by a Certified HEDIS Compliance Auditor?	See response to question #8

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
134	Section IV, Scope of Work, Task K.i, Deliverables	27	<p>The RFP states that the memo of deficiencies will be due 10 days after each modified OSR is conducted. It also states that the memos will be due in February 2009 and February 2010.</p> <p>Is there a full report of findings required in addition to the memo of deficiencies?</p>	No.
135	Section IV, Scope of Work, Task K. ii.,	27	<p>The RFP references Attachment G for the current list of duplicative activities per NCQA. Attachment G is not provided with the RFP.</p> <p>Can DMAS provide the Attachment G referenced by the RFP?</p>	See response to question #36.
136	Section IV, Scope of Work, Task K.ii, Methodology,	27	<p>The RFP states “MCOs will not be expected to provide the EQRO with the documents in advance of the onsite OSR.”</p> <p>We understand that pre-site document submission is not an expectation for the MCOs; however, may MCOs submit documents to the EQRO for review prior to the on-site if they wish?</p>	Yes.
137	Section IV, Scope of Work, Task N.i. Comprehensive Assessment and Report on Consumer Satisfaction,	29	<p>a) Do the Medallion II MCOs conduct both Adult and Child CAHPS?</p> <p>b) For the Child CAHPS, do the MCOs include the children with chronic conditions supplemental questions?</p>	<p>Yes.</p> <p>The CAHPS for children with chronic conditions is expected to be included.</p>

Question #	RFP Ref	RFP Page	Question	Response
138	Section IV, Scope of Work, Task O, PACE Site Compliance Review,	31	Can DMAS provide current or anticipated enrollment numbers for PACE sites?	Virginia Beach approximately 120; Hampton currently 60 with licensing for approximately 120; Big Stone Gap, currently 22 with licensing for approximately 90; Appalachian Area Aging on Aging less than 10 with licensign for approximately 90; City of Richmond, to be live later this year with licensing for approximately 120; Suffolk, to be live within a year with licensing to be determined; Lynchburg to be live within a year with licensing to be determined.
139	Section VIII, Proposal Preparation and Submission Requirements, 8.1 Overview,	3 5	<p>The overview states that the offeror should separate the costs for administrative data analysis and the costs for medical record abstraction for each focused study. However, Attachment D, Cost Proposal, page 75 requests total cost for combined FTEs for each task. It also requests costs “if retrieval of medical records and their abstraction (if separate from FTEs).</p> <p>Please clarify how DMAS would like costs for focused studies provided. Does DMAS wish costs for each study provided using administrative data only AND a separate cost for each study using combined administrative and medical record review data?</p>	<p>Regarding the costs for administrative and medical record costs, for each focused study, the offeror should list costs for administrative data separately and medical records separately.</p> <p>For focused studies that include medical records and administrative data in the analysis, they would need to be priced separately. For focused studies that use only one data source, such as administrative data, there would only need to be pricing for administrative data.</p> <p>Regarding FTEs, we are interested in total cost for combined FTEs for each <i>task</i>. However, it should be clear to DMAS from the proposal, for each task, the title of each FTE affiliated with the task and the proportion of the FTE that would be used for the task.</p>

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
140	Section VIII, Proposal Preparation and Submission Requirements, 8.10 Technical Proposal	4 3	<p>This section provides information as to the content and sequence of the proposal. The Chapters are identified as: Chapter One: Executive Summary; Chapter Two: Corporate Qualifications &amp; Experience; Chapter Three: Tasks and Technical Approach; Chapter Four: Staffing; and Chapter Six: Project Work Plan.</p> <p>Please identify if Chapter Five was omitted intentionally.</p>	See response to question #11.
141	Section X, General Terms and Conditions, 10.17 Insurance, Minimum Insurance Coverages and Limits Required for Most Contracts	5 4	<p>As the potential prime contractor, we are prepared to honor and maintain all of the insurance requirements for our corporation. In seeking small business entities to provide services on other business opportunities, we have experienced multiple instances in which the small businesses were unable to honor all insurance requirements, either due to the financial burden of the premium costs compared to the potential value of the subcontract, or from a practical nature, when staffing is limited to fewer than three individuals.</p> <p>Will the Commonwealth allow any deviation in required insured limits for potential small business entities being sought as subcontractors?</p>	The insurance requirements apply to the prime contractor. The prime contractor is ultimately responsible for any sub-contractors.

<b>Question #</b>	<b>RFP Ref</b>	<b>RFP Page</b>	<b>Question</b>	<b>Response</b>
142	Section XI, Special Terms and Conditions, 11.11, Small Business Subcontracting and Evidence of Compliance	62	<p>The first sentence states that it is the goal of the Commonwealth that 40% of its purchases be made from small businesses.</p> <p>Is it the goal that 40% of the contract dollars for this proposal be allocated to small, women-owned, or minority businesses?</p>	See response to question #12.
143	Attachment D Cost Proposal-Deliverable Matrix,  In the Cost Matrix, Tasks R-A, R-B, and O-D include bulleted items.	75	Does DMAS require a separate cost for each bulleted item within the task or one cost for the tasks inclusive of the costs for the bulleted items?	Yes.
144	Attachment D Cost Proposal – Deliverable Matrix	75	For Task O-C, does DMAS wish the offeror to provide an all-inclusive rate for 350 hours per year OR does DMAS wish the offeror to provide an all-inclusive hourly rate?	Hourly rate.



## **ATTACHMENT D**

### **Cost Proposal**

## Fiscal Year 1 Deliverable Matrix – Due Dates and Costs for Tasks and Deliverables

For each task, delineate as follows: Number, type and estimated percent of each FTE for each task per year with total cost for combined FTEs for each task; travel costs; indirect costs for facility and staff operations; survey costs; use of advanced technology (web-based teaching, etc.); retrieval of medical records and their abstraction (if separate from FTEs); printing costs; other. If the Offeror does not anticipate any costs associated with a particular task during this fiscal year, indicate this by a “not applicable” in the cost column. The Offeror should be mindful that although a particular task may not be completed in a particular year, there may be preparation work that should be done in an earlier year.

Task	Deliverables FY 2009: November 1, 2008 – October 31, 2009	Cost Per Task Per Fiscal Year
R- A	<ul style="list-style-type: none"> <li>Entrance conference</li> <li>Annual work plan(s)</li> </ul>	
R- B	<ul style="list-style-type: none"> <li>Operations preparedness plan</li> <li>Disaster recovery plan</li> </ul>	
O- C	<ul style="list-style-type: none"> <li>Provision for quality improvement education and communications</li> </ul>	
O- D	<ul style="list-style-type: none"> <li>Quarterly collaborative meetings, beginning with March 2009</li> <li>Collaborative tool kit</li> </ul>	
R- E	PIPs validation reports	
R- F	Required focused studies (delineate costs per study per year)	
O- G	Optional focused studies	
R- H	MCO performance measure validation	
R- I	Dental review	
R- J	Transportation review	
R- K	MCO modified operational systems review	
R- L	VALTC needs assessment	
R- M	EQR technical report	
R- N	Consumer satisfaction surveys	
R- O	PACE site compliance review	
R- P	Independent Review of FAMIS Appeals	
TOTAL Fiscal Year 1		<b>Total Required Tasks:</b>  <b>Total Optional Tasks:</b>  <b>Total all Tasks:</b>

## Fiscal Year 2 Deliverable Matrix – Due Dates and Costs for Tasks and Deliverables

For each task, delineate as follows: Number, type and estimated percent of each FTE for each task per year with total cost for combined FTEs for each task; travel costs; indirect costs for facility and staff operations; survey costs; use of advanced technology (web-based teaching, etc.); retrieval of medical records and their abstraction (if separate from FTEs); printing costs; other. If the Offeror does not anticipate any costs associated with a particular task during this fiscal year, indicate this by a “not applicable” in the cost column. The Offeror should be mindful that although a particular task may not be completed in a particular year, there may be preparation work that should be done in an earlier year.

Task	Deliverables FY 2009: November 1, 2009 – October 31, 2010	Cost Per Task Per Fiscal Year
R- A	<ul style="list-style-type: none"> <li>Entrance conference</li> <li>Annual work plan(s)</li> </ul>	
R- B	<ul style="list-style-type: none"> <li>Operations preparedness plan</li> <li>Disaster recovery plan</li> </ul>	
O- C	<ul style="list-style-type: none"> <li>Provision for quality improvement education and communications</li> </ul>	
O- D	<ul style="list-style-type: none"> <li>Quarterly collaborative meetings, beginning with March 2009</li> <li>Collaborative tool kit</li> </ul>	
R- E	PIPs validation reports	
R- F	Required focused studies (delineate costs per study per year)	
O-G	Optional focused studies	
R- H	MCO performance measure validation	
R- I	Dental review	
R- J	Transportation review	
R- K	MCO modified operational systems review	
R- L	VALTC needs assessment	
R- M	EQR technical report	
R- N	Consumer satisfaction surveys	
R- O	PACE site compliance review	
R- P	Independent Review of FAMIS Appeals	
<b>TOTAL Fiscal Year 2</b>		<b>Total Required Tasks:</b>  <b>Total Optional Tasks:</b>  <b>Total all Tasks:</b>

### Fiscal Year 3 Deliverable Matrix – Due Dates and Costs for Tasks and Deliverables

For each task, delineate as follows: Number, type and estimated percent of each FTE for each task per year with total cost for combined FTEs for each task; travel costs; indirect costs for facility and staff operations; survey costs; use of advanced technology (web-based teaching, etc.); retrieval of medical records and their abstraction (if separate from FTEs); printing costs; other. If the Offeror does not anticipate any costs associated with a particular task during this fiscal year, indicate this by a “not applicable” in the cost column. The Offeror should be mindful that although a particular task may not be completed in a particular year, there may be preparation work that should be done in an earlier year.

Task	Deliverables FY 2009: November 1, 2010 – October 31, 2011	Cost Per Task Per Fiscal Year
R- A	<ul style="list-style-type: none"> <li>Entrance conference</li> <li>Annual work plan(s)</li> </ul>	
R- B	<ul style="list-style-type: none"> <li>Operations preparedness plan</li> <li>Disaster recovery plan</li> </ul>	
O- C	<ul style="list-style-type: none"> <li>Provision for quality improvement education and communications</li> </ul>	
O- D	<ul style="list-style-type: none"> <li>Quarterly collaborative meetings, beginning with March 2009</li> <li>Collaborative tool kit</li> </ul>	
R- E	PIPs validation reports	
R- F	Required focused studies (delineate costs per study per year)	
O-G	Optional focused studies	
R- H	MCO performance measure validation	
R- I	Dental review	
R- J	Transportation review	
R- K	MCO comprehensive operational systems review	
R- L	VALTC needs assessment	
R- M	EQR technical report	
R- N	Consumer satisfaction surveys	
R- O	PACE site compliance review	
R- P	Independent Review of FAMIS Appeals	

<b>TOTAL Fiscal Year 3</b>	<b>Total Required Tasks:</b>  <b>Total Optional Tasks:</b>  <b>Total all Tasks:</b>
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Compensation under the contract will be paid in accordance with the RFP requirements or 1/12 of the respective fiscal year's total amount for all deliverables. Upon completion of each deliverable, to the satisfaction of DMAS, the Contractor may invoice DMAS for the balance of the completed task. All monthly invoices must include the contract number, the Contractor FIN number and the activity for the month. \*No system change will be reimbursed by DMAS unless the programming for such change is in excess of 40 hours per project

Note: General and Administrative and other indirect costs must be included in the direct cost figures. (DMAS will not consider G&A or other fees as a separate line item.)